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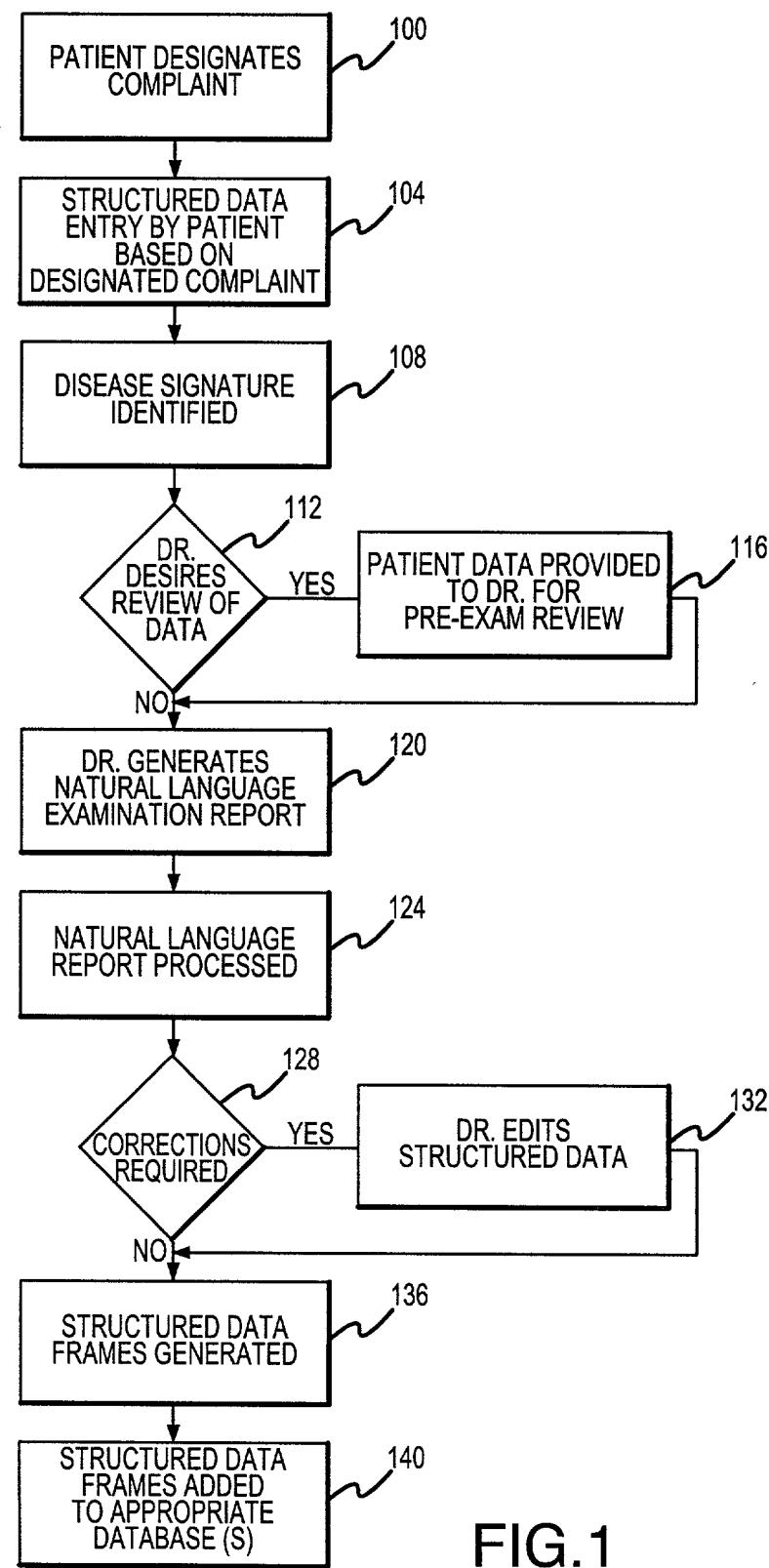


FIG. 1



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PATIENT ID: _____ AGE: _____ SEX: _____ PROCEDURE ID: _____ DATE: _____

PATIENT INFORMATION

NAME _____

ADDRESS _____

HOME PHONE _____
WORK PHONE _____

E-MAIL _____

GENDER

MALE FEMALE

BIRTH DATE

MONTH _____ DAY _____ YEAR _____

RACE/ETHNICITY

WHITE/CAUCASIAN AFRICAN AMERICAN
 ASIAN/PACIFIC ISLANDER NATIVE AMERICAN
 OTHER

MARITAL STATUS

SINGLE LIVING WITH ANOTHER
 SEPARATED DIVORCED MARRIED
 WIDOWED

EDUCATION LEVEL

HIGH SCHOOL OR LESS VOCATIONAL/TECHNICAL COLLEGE DEGREE
 GRADUATE DEGREE PROFESSIONAL DEGREE

OCCUPATIONAL STATUS

EMPLOYED UNEMPLOYED
 STUDENT RETIRED

INSURANCE/BILLING

1. _____

2. _____

FIG. 2



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PATIENT ID: _____ AGE: _____ SEX: _____ PROCEDURE ID: _____ DATE: _____

REASON FOR VISIT ROUTINE (E.G., CHECKUP) 1ST VISIT TO THIS PHYSICIAN, FOLLOW-UP FOR EXISTING OR NEW MEDICAL CONDITION

REFERRED BY: PRIMARY CARE PHYSICIAN ANOTHER SPECIALIST SELF

REFERRING DIAGNOSIS: _____

ICD - 9 CODES: 1. _____ 2. _____ 3. _____

PHENOMENON CATEGORY: LUMP/BUMP DISCHARGE/LEAK BLEEDING
 WRONG DIRECTION DISCOLORATION INTAKE DIFFICULTY

OTHER PHENOMENON CATEGORY: _____

IF YOU ARE EXPERIENCING A NEW MEDICAL PROBLEM, SYMPTOM, OR CONDITION, PLEASE FILL OUT THE FOLLOWING:

CHIEF COMPLAINT: _____

SYMPTOM DURATION

SYMPTOM QUANTITY
(DISEASE-SPECIFIC)

SYMPTOM TIMING
(DISEASE-SPECIFIC)

SYMPTOM CONTEXT

SYMPTOM QUALITY

RELEVANT PAST HX

PREVIOUS CONSULT WITH ANOTHER PHYSICIAN YES NO

RECEIVED MEDICAL TREATMENT FOR THIS CONDITION YES NO

PREVIOUS SURGERY FOR THIS CONDITION YES NO

OTHER: _____

RELEVANT FAMILY HX
(DISEASE-SPECIFIC): _____

IF THIS IS A FOLLOW-UP VISIT, PLEASE ANSWER THE FOLLOWING:

SYMPTOM EVOLUTION (PER SYMPTOM) GONE AWAY COMPLETELY IMPROVED NO CHANGE
 WORSE

FIG.3



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PATIENT ID: _____ AGE: _____ SEX: _____ PROCEDURE ID: _____ DATE: _____

ARE YOU EXPERIENCING ANY OF THE FOLLOWING PROBLEMS?	<input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> WEIGHT GAIN	<input type="checkbox"/> FEVER	<input type="checkbox"/> FATIGUE	CONSTITUTIONAL
DO YOU HAVE LAZY EYE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		EYE PROBLEMS
ANY NEW VISION/EYE PROBLEMS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF YES, PLEASE CHECK...	<input type="checkbox"/> BLURRED VISION <input type="checkbox"/> EYE PAIN	<input type="checkbox"/> DOUBLE VISION <input type="checkbox"/> EYE REDNESS	<input type="checkbox"/> LOSS OF VISION <input type="checkbox"/> EYE DRYNESS	
ARE YOU HAVING HEARING, BALANCE, SPEECH OR THROAT PROBLEMS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		EAR/NOSE/THROAT
IF YES, PLEASE CHECK...	<input type="checkbox"/> TROUBLE HEARING <input type="checkbox"/> LOSS OF BALANCE <input type="checkbox"/> HOARSENESS	<input type="checkbox"/> RINGING IN EAR(S) <input type="checkbox"/> EAR PAIN <input type="checkbox"/> TROUBLE SWALLOWING	<input type="checkbox"/> DIZZINESS <input type="checkbox"/> EAR DISCHARGE <input type="checkbox"/> SLURRED SPEECH	
HAVE YOU BEEN TOLD YOU HAVE A HEART MURMUR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		CARDIOVASCULAR
ARE YOU EXPERIENCING ANY CHEST PAIN, HEART PROBLEMS, LIMB PAIN, OR FAINTING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF YES, PLEASE CHECK...	<input type="checkbox"/> CHEST PAIN <input type="checkbox"/> FAINTING	<input type="checkbox"/> LIMB SWELLING <input type="checkbox"/> LIMB PAIN ON WALKING	<input type="checkbox"/> FAST HEART BEAT <input type="checkbox"/> IRREGULAR HEART BEAT	
DO YOU HAVE ASTHMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		RESPIRATORY
ARE YOU HAVING PROBLEMS BREATHING, COUGHING, OR COUGHING UP ANYTHING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
IF YES, PLEASE CHECK...	<input type="checkbox"/> TROUBLE BREATHING	<input type="checkbox"/> CHRONIC COUGH	<input type="checkbox"/> COUGHING BLOOD	
ARE YOU HAVING ANY STOMACH OR DIGESTIVE PROBLEMS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		GASTROINTESTINAL
IF YES, PLEASE CHECK...	<input type="checkbox"/> INDIGESTION <input type="checkbox"/> NAUSEA <input type="checkbox"/> DIARRHEA	<input type="checkbox"/> HEART BURN <input type="checkbox"/> VOMITING <input type="checkbox"/> CONSTIPATION	<input type="checkbox"/> ABDOMINAL PAIN <input type="checkbox"/> REGURGITATION <input type="checkbox"/> BLOODY STOOLS	

FIG.4



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ARE YOU HAVING ANY PROBLEMS URINATING? <input type="checkbox"/> YES	<input type="checkbox"/> NO	GENITOURINARY	
IF YES, PLEASE CHECK... <input type="checkbox"/> INCONTINENCE	<input type="checkbox"/> PAIN ON URINATION	<input type="checkbox"/> BLOOD IN URINE	
ARE YOU HAVING MUSCLE OR JOINT PROBLEMS OR PAIN ANYWHERE?	<input type="checkbox"/> EXCESSIVE URINATION	<input type="checkbox"/> NO	MUSCULOSKELETAL
IF YES, PLEASE CHECK... <input type="checkbox"/> JOINT SWELLING	<input type="checkbox"/> MUSCLE PAIN	<input type="checkbox"/> BACK PAIN	
ARE THERE ANY CHANGES TO YOUR SKIN, HAIR, SENSE OF FEEL, OR SWEATING?	<input type="checkbox"/> JOINT PAIN	<input type="checkbox"/> MUSCLE CRAMP	<input type="checkbox"/> NECK PAIN
IF YES, PLEASE CHECK... <input type="checkbox"/> NUMBNESS	<input type="checkbox"/> MUSCLE TWITCHES	<input type="checkbox"/> LOSS OF MUSCLE	
ARE YOU HAVING HEADACHES/ HEAD PAIN, BLACKOUTS, COORDINATION PROBLEMS OR MEMORY PROBLEMS?	<input type="checkbox"/> HAIR LOSS	<input type="checkbox"/> TINGLING	<input type="checkbox"/> DISCOLORATION
IF YES, PLEASE CHECK... <input type="checkbox"/> SKIN RASH	<input type="checkbox"/> NAIL CHANGES	<input type="checkbox"/> SWEATING CHANGES	NEUROLOGIC
ARE YOU HAVING ANY PSYCHOLOGICAL ISSUES OR PROBLEMS WITH SLEEP?	<input type="checkbox"/> YES	<input type="checkbox"/> DRY EYES/MOUTH	
IF YES, PLEASE CHECK... <input type="checkbox"/> HEADACHE	<input type="checkbox"/> FACE PAIN	<input type="checkbox"/> FACE NUMBNESS	
ARE YOU BLEEDING OR HAVE FOUND ANY LUMPS/SWELLING THAT ARE NEW?	<input type="checkbox"/> WEAKNESS	<input type="checkbox"/> TREMORS	<input type="checkbox"/> CLUMSINESS
DO YOU HAVE ANY OF THE OTHER FOLLOWING SYMPTOMS? <input type="checkbox"/> BLACKOUTS	<input type="checkbox"/> TROUBLE WITH MEMORY	<input type="checkbox"/> TROUBLE CONCENTRATING	PSYCHIATRIC
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> HALLUCINATIONS	<input type="checkbox"/> FEELING DEPRESSED	<input type="checkbox"/> TROUBLE SLEEPING
	<input type="checkbox"/> SUICIDAL THOUGHTS	<input type="checkbox"/> INAPPROPRIATE CRYING	<input type="checkbox"/> INAPPROPRIATE LAUGHING
	<input type="checkbox"/> ABNORMAL BLEEDING	<input type="checkbox"/> NOSE BLEEDS	<input type="checkbox"/> LUMPS OR SWELLINGS
	<input type="checkbox"/> EXCESSIVE THIRST	<input type="checkbox"/> HEAT/COLD INTOLERANCE	HEMATOLOGIC/ LYMPHATIC
			ENDOCRINE

FIG.5



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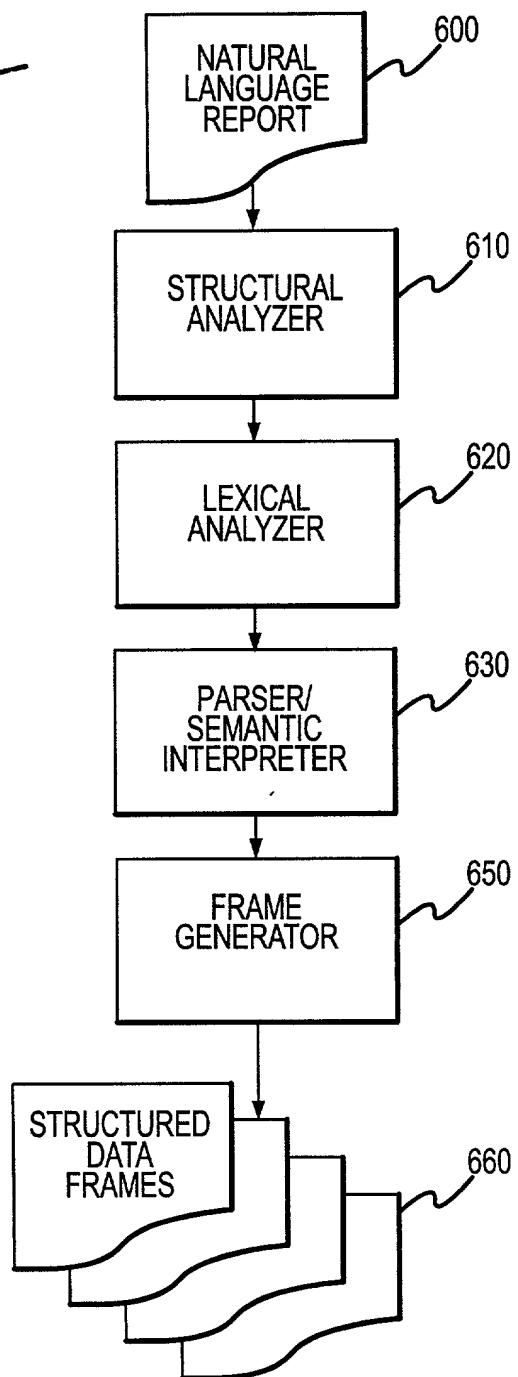


FIG.6



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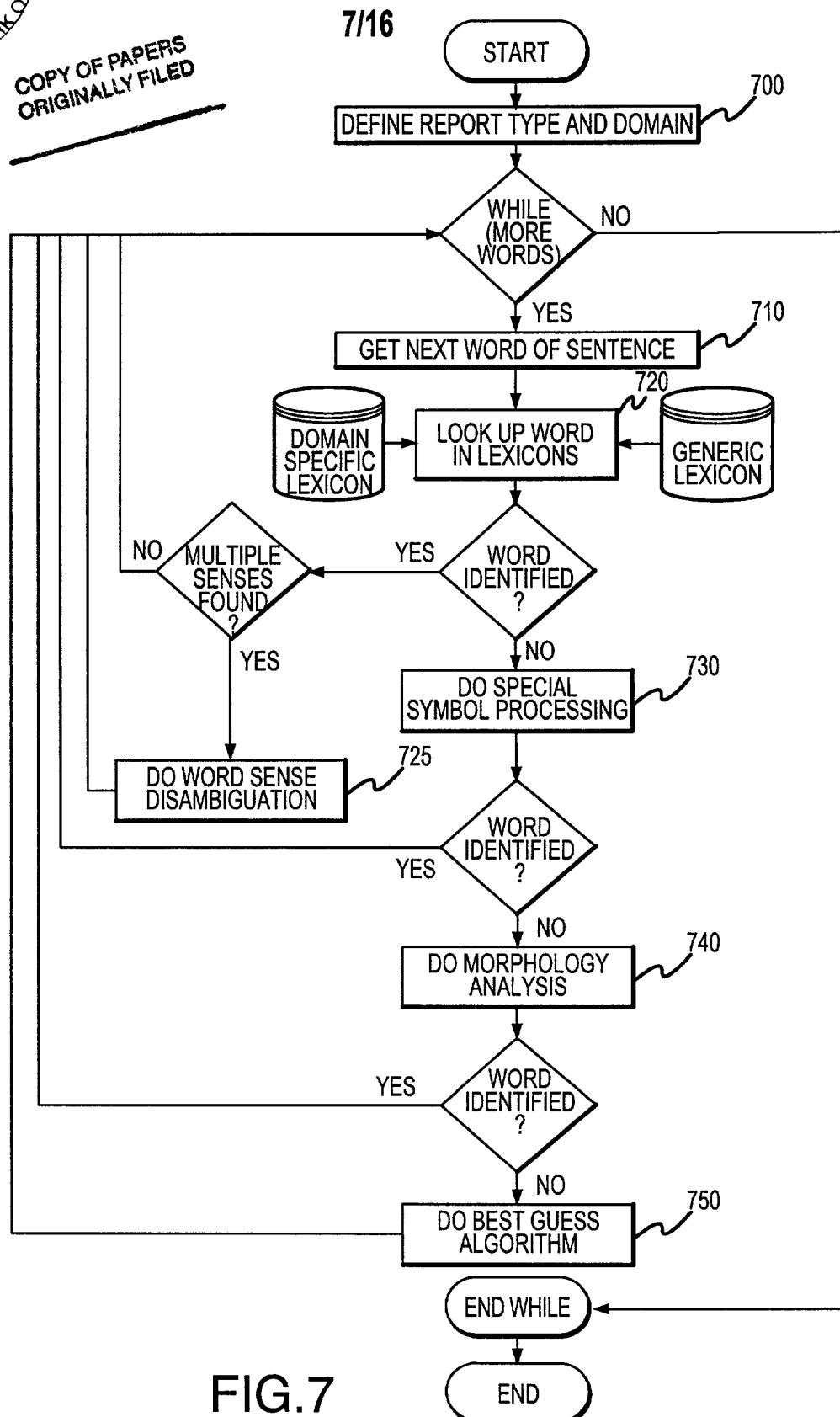


FIG.7

END



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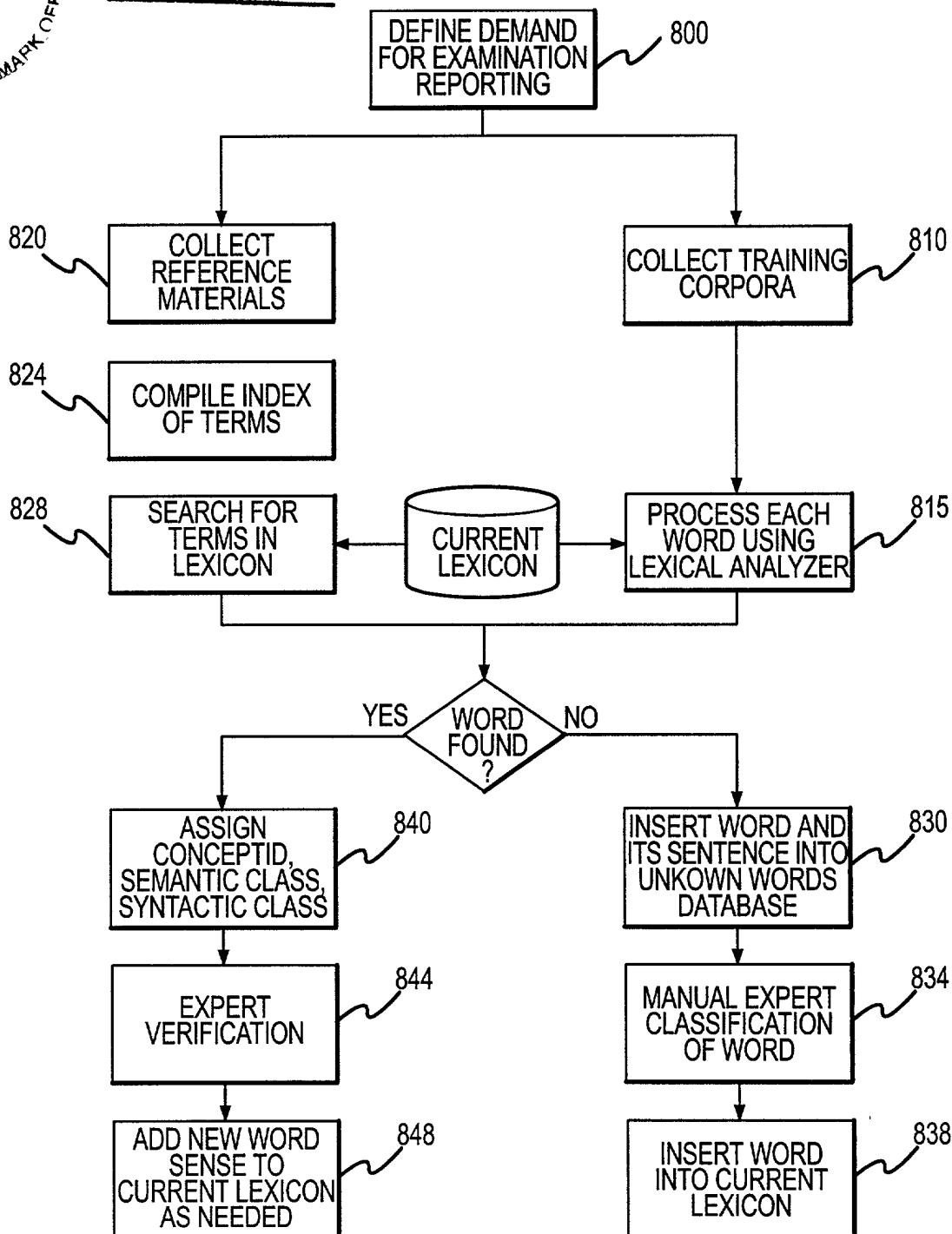


FIG.8



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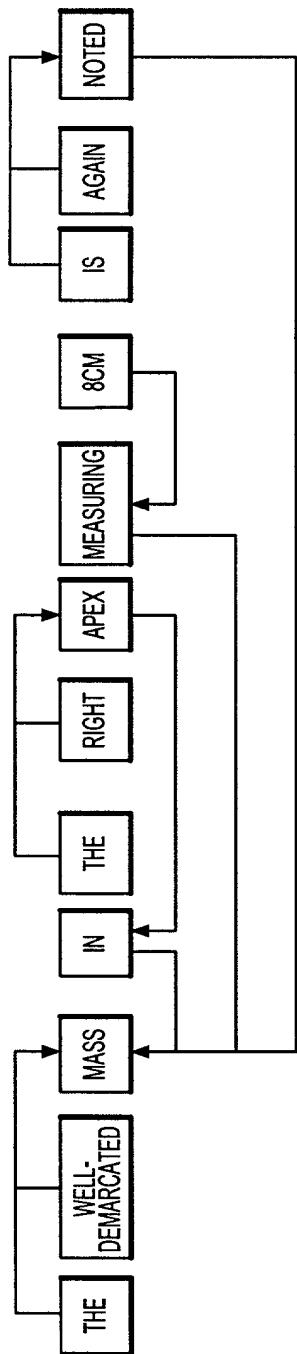


FIG.9A

predicate	head	relation	value
hasArticle	mass	EQUALS	the
hasBorderDef	mass	EQUALS	well-demarcated
hasLocation	mass	in	apex
hasDirection	apex	EQUALS	right
hasSize	mass	measuring	8cm
hasTempMod	noted	EQUALS	again
hasAuxiliary	noted	EQUALS	is
hasExistence	mass	EQUALS	noted

FIG.9B



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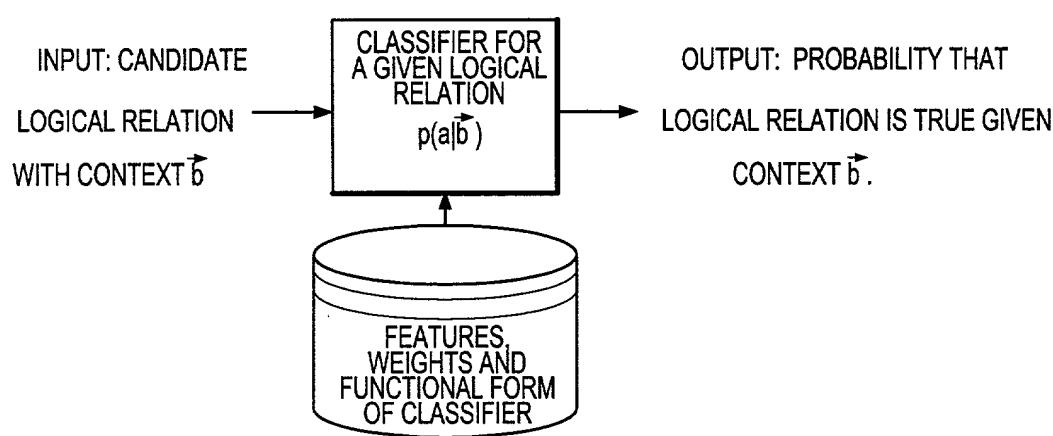


FIG.10A

MAXIMUM ENTROPY MODEL USED FOR PARSER/SEMANTIC INTERPRETER

$$p(\vec{a}|\vec{b}) = \frac{1}{Z(\vec{b})} \cdot \exp \left\{ \sum_1^n \lambda_i f_i(\vec{a}, \vec{b}) \right\}$$

λ_i = WEIGHTING FACTOR FOR FEATURE i (COMPUTED FROM TRAINING EXAMPLE STATISTICS)

$Z(\vec{b})$ = NORMALIZATION FACTOR TO ASSURE THAT THE PROBABILITY IS WITHIN THE RANGE 0.0 TO 1.0

FIG.10B

$$(i) \quad f(\vec{a}, \vec{b}) = \begin{cases} 1 & \text{if } (\vec{a}=1) \& (b_2=\text{TRUE} \& b_6=\text{TRUE} \& b_8=\text{FALSE}) \\ 0 & \text{otherwise} \end{cases}$$

$$(ii) \quad f(\vec{a}, \vec{b}) = \begin{cases} 1 & \text{if } (\vec{a}=0) \& (b_2=\text{FALSE} \& b_1=\text{TRUE} \& b_8=\text{TRUE}) \\ 0 & \text{otherwise} \end{cases}$$

FIG.10C



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	THE	OSSEUS	AND	SOFT TISSUE	STRUCTURES	OF	THORAX	DEMONSTRATE	CHANGE
THE	<input type="circle"/>			<input checked="" type="circle"/>	<input checked="" type="circle"/>		<input checked="" type="circle"/>		<input checked="" type="circle"/>
OSSEUS		<input type="circle"/>	<input checked="" type="circle"/>		<input checked="" type="circle"/>				<input checked="" type="circle"/>
AND			<input type="circle"/>	<input checked="" type="circle"/>					
SOFT TISSUE				<input type="circle"/>	<input checked="" type="circle"/>		<input checked="" type="circle"/>		<input checked="" type="circle"/>
STRUCTURES					<input type="circle"/>				
OF					<input checked="" type="circle"/>	<input type="circle"/>			
THORAX						<input checked="" type="circle"/>	<input type="circle"/>		
DEMONSTRATE				<input checked="" type="circle"/>	<input checked="" type="circle"/>		<input checked="" type="circle"/>	<input type="circle"/>	
CHANGE						<input checked="" type="circle"/>		<input checked="" type="circle"/>	<input type="circle"/>

FIG.11A



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	THE	OSSEUS	AND	SOFT TISSUE	STRUCTURES	OF	THORAX	DEMONSTRATE	CHANGE
THE	<input type="radio"/>			0.42	0.89		0.13		0.05
OSSEUS		<input type="radio"/>	0.78		0.74				0.28
AND			<input type="radio"/>	0.78			0.31		
SOFT TISSUE				<input type="radio"/>	0.91		0.42		0.31
STRUCTURES					<input type="radio"/>				
OF					0.95	<input type="radio"/>			
THORAX						0.95	<input type="radio"/>		
DEMONSTRATE				0.68	0.78		0.65	<input type="radio"/>	
CHANGE						0.29		0.92	<input type="radio"/>

FIG.11B

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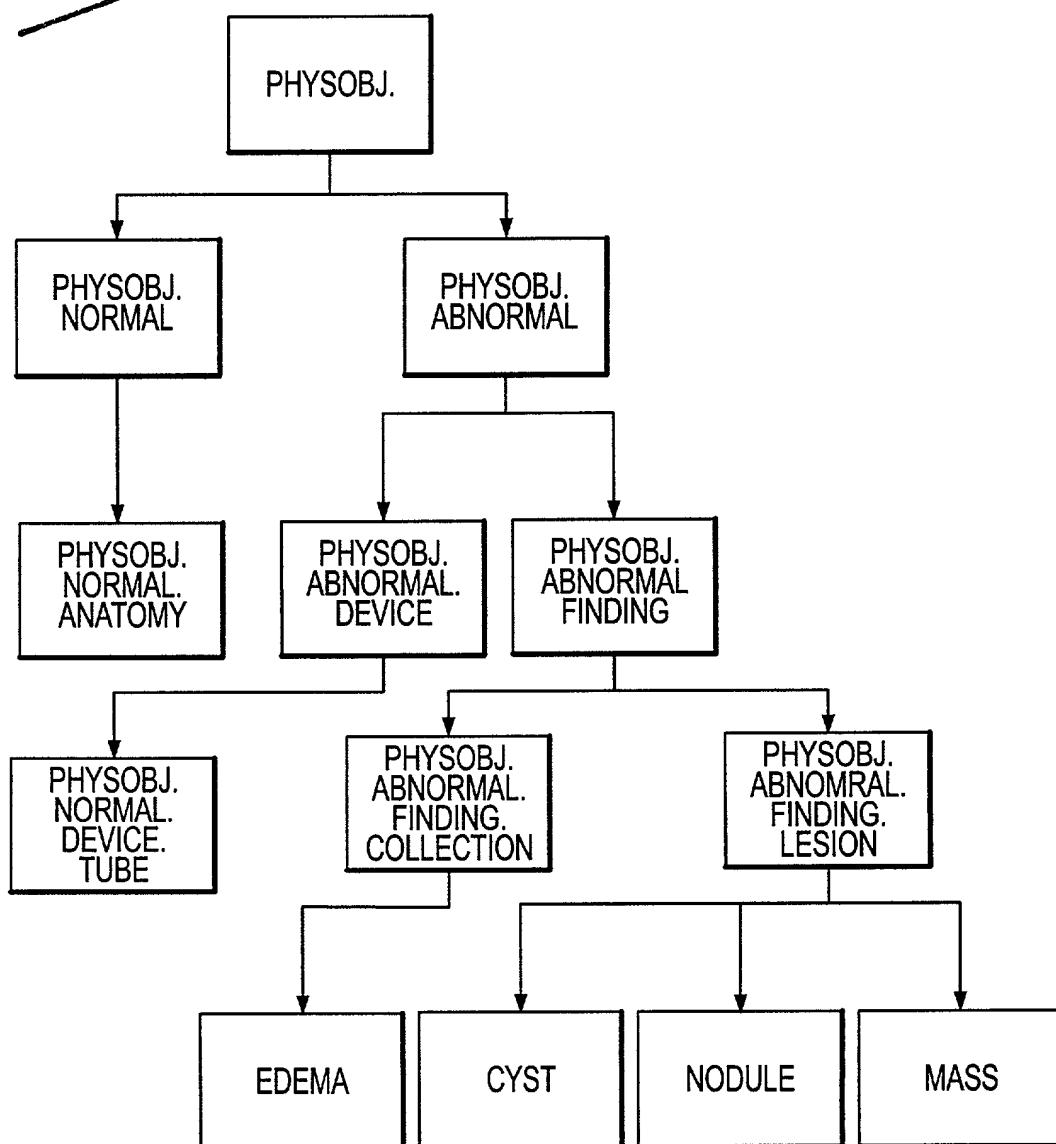


FIG.12



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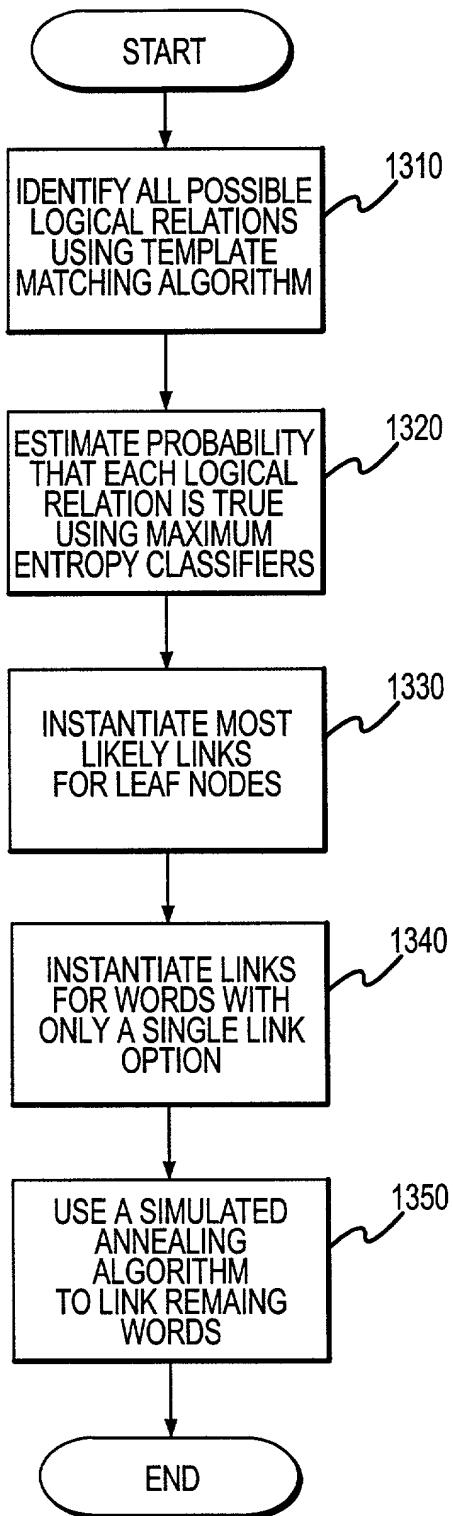


FIG.13



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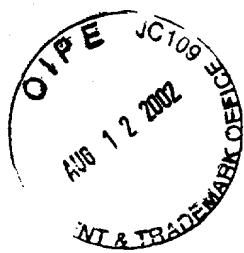
1440

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Present	Findings	Size	Location	Growth Trend

A line drawing showing the outline of a kidney and its associated renal pelvis and ureters. Below the diagram is a small rectangular window with a horizontal scroll bar at the top, labeled with arrows pointing left and right.

FIG. 14



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NLP Finding

Entity ID: 'mass'

Entity Class: FINDING Abnormal.lesion

Existence

Currently

Attribute	Value
How Determined	by observation
Certainty of Existence	certain
Relevancy of Note	significant

Change (t2-Currently, t1=previous exam)

Attribute	Value
Direction of Change	stable, still exists
Magnitude of Change	no change in existence

Location

Spatial-Relation	Anatomy Description	Standardized Anatomy Description
'in'	right apex	apex of right upper lobe of lung

State

Current

Size

Dimension	Relation	Value	Units	Precision
Diameter	=	8	cm	Approximately

external architecture

Dimension	Relation	Value	Units	Precision
border definition	=	well demarcated	n/a	n/a

FIG.15